

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | RM | | 10-16-01 |
| O.I.P.E. CLASSIFIER | OK | 1020 | 11/19/01 |
| FORMALITY REVIEW | M.D. | 625 | 04-01-02 |
| RESPONSE FORMALITY REVIEW | JP | 027 | 04/19/02 |

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 Canceled A Appeal
 Restricted O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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